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ABSTRACT

This report assesses hardship among children of immigrants nationwide and in states with large immigrant populations (California, Colorado, Florida, Massachusetts, New Jersey, New York, Texas, and Washington). Data from the 1999 National Survey of America's Families show that hardship is greater for children of immigrants than for the children of U.S. natives. In 1998, nearly one-quarter of all children of immigrants lived in poverty compared with 16 percent of children of natives. Nationwide, 37 percent of all children of immigrants lived in families dealing with difficulties affording food, compared with 27 percent of children of natives. Texas, Florida, and Colorado had the most immigrants with food concerns, and all three provided relatively limited assistance for immigrants ineligible for food stamps. Children of immigrants were more than twice as likely as children of natives to live in families paying over 50 percent of their income for housing, and they were more than four times as likely to live in crowded housing. Texas and Florida had the highest uninsured rates for children of immigrants and the least generous health insurance program for immigrants. Nationally, 22 percent of children of immigrants were uninsured, more than twice the rate for children of natives. Children of immigrants were also more than three times as likely to lack a usual source of health care and more than twice as likely to be in fair or poor health. (Contains 14 references.) (SM)

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Immigrants and their families are staying away from public assistance to a greater extent than citizens, even when they remain eligible for aid.

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Hardship among Children of Immigrants: Findings from the 1999 National Survey of America's Families

Randy Capps

The 1999 National Survey of America's Families (NSAF) reveals that hardship is greater for children of immigrants than for children of U.S. natives in three areas of basic need: food, housing, and health care. The data also indicate that the relative generosity of differing state policies on noncitizens' access to public benefits generally corresponds with hardship levels. Because the NSAF cross-sectional data do not allow assessment of changes over time, these hardship levels cannot necessarily be ascribed to federal welfare reform or state policies. Nonetheless, these findings reinforce observations on the vulnerability of a population whose access to the social safety net has been diminished by recent policy changes. This analysis is one of the first studies based on nationally representative data to examine hardship among immigrant families in the post-welfare-reform era.

The 1996 federal welfare reform law introduced broad new restrictions on immigrants' eligibility for Temporary Assistance for Needy Families (TANF), food stamps, Medicaid, and other health and social services programs. While the federal government has since restored eligibility for some programs to some categories of immigrants, many others remain ineligible, especially immigrants who entered the United States after the federal welfare reform law passed in August 1996.[1] That law also gave states options to extend or deny coverage to noncitizens. As states have exercised these options, wide variation has emerged across states in the safety net services available to immigrants (Zimmermann and Tumlin 1999).

While there have been sharp declines in overall participation in benefit programs across the country,[2] immigrants' participation has fallen faster than that of native-born citizens (Fix and Passel 1999; Zimmermann and Fix 1998). A growing body of evidence suggest that immigrants and their families are staying away from public assistance to a greater extent than citizens, even when they remain eligible for aid. In addition to being confused about their eligibility, many immigrants are concerned about the effects that using benefits will have on their ability to legalize, naturalize, sponsor relatives, and even reenter or remain in the country. Although most of these concerns are misplaced, they have nonetheless chilled immigrants' participation and caused immigrants to withdraw voluntarily from public assistance and health services (Hagan, Rodriguez, and Capps 1999).

While welfare reform's immigrant restrictions targeted noncitizens, the law affected many citizens as well, because 80 percent of children with immigrant parents are themselves citizens. By the late 1990s, nearly one in ten U.S. families included at least one citizen child and at least one noncitizen parent (Fix and Zimmermann 1999). Thus, this brief's assessment of

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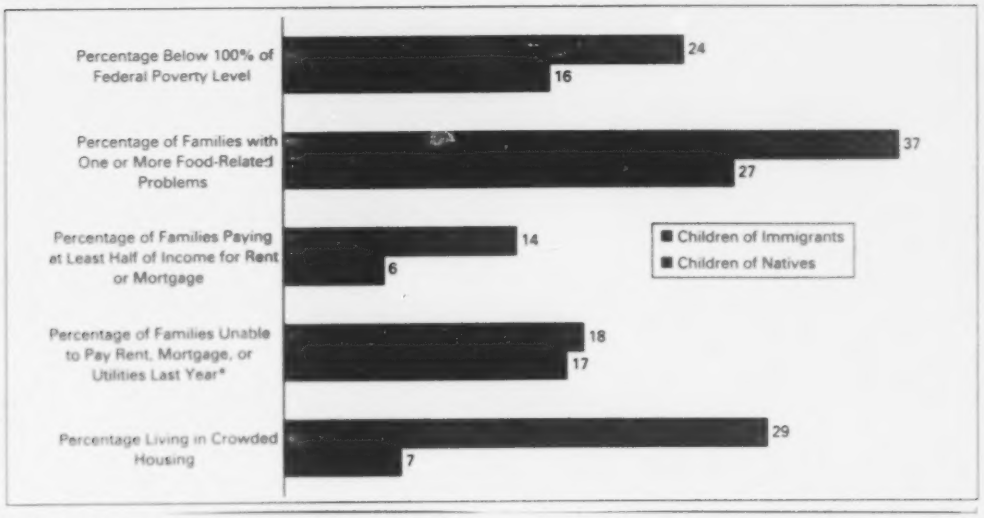
FIGURE 1. Economic Well-Being of Children's Families: 1999



Source: Data from the 1999 National Survey of America's Families.
*The percentage of children of immigrants is statistically different from children of natives for all indicators except paying at least half of income for rent or mortgage.

hardship among children is driven by the immigration status of their parents.

Nearly one-fourth of all children of immigrants live in poor families, compared with 16 percent for children of natives.

Immigration Status of Children and Their Parents

The 1999 NSAF provides data representing 11 million children of immigrants (age 0 to 17).[3] Children of immigrants are defined as those with one or more foreign-born parents.[4] Seventy-eight percent of children of immigrants were born in the United States and are therefore U.S. citizens. This brief refers to them as second-generation immigrants. Only 22 percent of children of immigrants are foreign-born or first-generation immigrants. Two percent are naturalized U.S. citizens. Fifty-eight percent of children of immigrants have at least one naturalized or U.S.-born citizen parent. The other 42 percent have either a single parent or two parents who are not U.S. citizens.

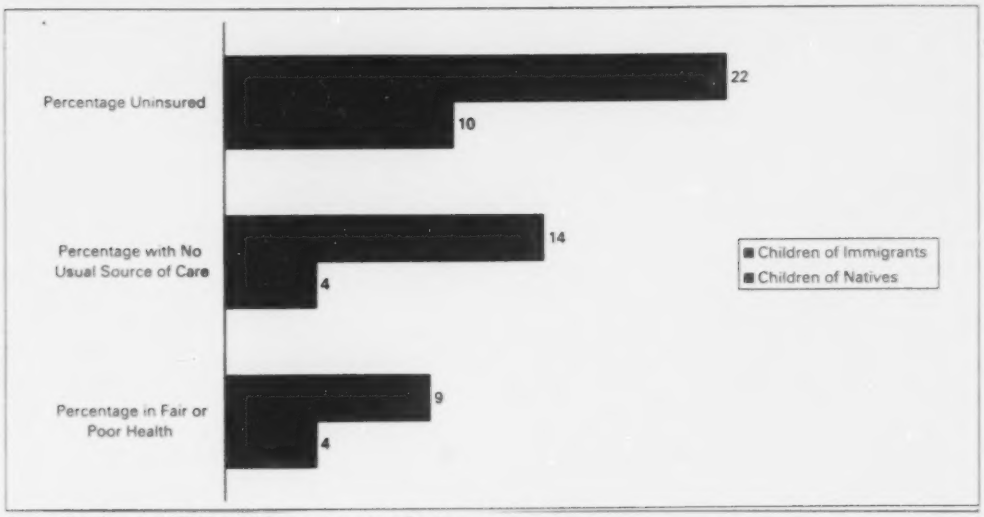
This brief addresses hardship among these children of immigrants nationwide and in eight states with large immigrant populations: California, Colorado, Florida, Massachusetts, New Jersey, New York, Texas, and Washington.[5] According to the March 1999 Current Population Survey, these eight states include 18.7 million foreign-born persons, 71 percent of the national total. The states vary by region, demographics, and the generosity of their social welfare programs for noncitizens. Although all eight have some kind of state-funded substitute program for immigrants who lost eligibility for food stamps, the states of Texas, Florida, and Colorado have programs reaching very limited populations.[6] While all eight states provide TANF and Medicaid to immigrants who entered before welfare reform passed, the degree of assistance provided to those entering after August 1996 varies considerably (Zimmermann and Tumlin 1999).[7] State policies on these post-1996 immigrants probably will not have much of an effect on the study results because these immigrants represent such a small (if growing) share of immigrant families. In fact, only 10 percent of the foreign-born adults in the 1999 NSAF entered the country after 1996.

Family Income and Poverty

Nearly one-fourth of all children of immigrants live in poor families, compared with 16 percent for children of natives (figure 1).[8] Twenty-three percent of all poor children in the United States are either first- or second-generation immigrants.

The highest poverty rates for children of immigrants are in Texas (36 percent), followed by New York (27 percent) and

FIGURE 2. Health Insurance, Access, and Health Status of Children: 1999



Source: Data from the 1999 National Survey of America's Families.

California (25 percent). New Jersey and Massachusetts have the lowest poverty rates for immigrants' children. Differences in rates between children of immigrants and children of natives are statistically significant in five states: California, Colorado, New York, Texas, and Washington (table 1).

Fifty-two percent of children of immigrants live in families with incomes below 200 percent of the federal poverty level (FPL), compared with 37 percent of children of natives. Nearly three-fourths of the children of immigrants in Texas live in families with incomes below 200 percent of FPL (table 1).

Food Concerns and Affordability

The 1999 NSAF reveals that concerns about affording food are common in immigrant families. Nationwide, 37 percent of all children of immigrants live in families that worry about or encounter difficulties affording food, compared with 27 percent of children of natives (figure 1).[9] The extent of food concerns and difficulties varies considerably by state (table 1). In Texas, nearly half of all children of immigrants live in families that worry about or have difficulty affording food. Comparable figures are lower in Washington (34 percent), New York (33 percent), Massachusetts (28 percent), and New Jersey (27 percent). Texas, Florida, and Colorado are the states with the highest shares of immigrant families with food concerns, and each has only very limited replacement programs for immigrants not eligible for food stamps.

Housing Affordability and Crowding

In addition to greater poverty and food concerns, levels of housing hardships are relatively high among children of immigrants. These children are more than twice as likely as children of natives to live in families paying at least half their income in rent or mortgage (14 versus 6 percent, as shown in figure 1). States show sizable variation on this measure, which ranges from 26 percent for children of immigrants in New York to only 9 percent in New Jersey and Washington. Rates are more than twice as high for children of immigrants as natives in Colorado, Florida, New York, and Texas (table 1).

Children of immigrants, however, are no more likely than children of natives to live in families that report problems paying mortgage, rent, or utilities (18 versus 17 percent, a statistically insignificant difference, as shown in figure 1). Moreover, this measure does not show statistically

Nationwide, 37 percent of all children of immigrants live in families that worry about or encounter difficulties affording food, compared with 27 percent of children of natives.

TABLE 1. Indicators for Children of Immigrants and Children of Natives, by State

	United States		California		Colorado		Florida	
	Immigrants	Natives	Immigrants	Natives	Immigrants	Natives	Immigrants	Natives
Family Income and Poverty								
Below 100% of poverty level, %	**24**	**16**	**25**	**16**	**20**	**11**	19	18
Below 200% of poverty level, %	**52**	**37**	**55**	**32**	**51**	**29**	**49**	**42**
Median family income	$35,900	$46,200	$35,000	$52,500	$38,000	$52,800	$36,000	$40,100
Food Concerns and Affordability								
One or more food-related problems, %	37	27	**38**	**30**	**44**	**25**	**43**	**32**
Housing Affordability and Crowding								
Paying at least half of income for rent or mortgage, %	**14**	**6**	**15**	**11**	**10**	**4**	**15**	**6**
Problems paying rent, mortgage, or utilities, %	18	17	19	17	**20**	**14**	**20**	**19**
Living in crowded housing (more than 2 people per bedroom), %	**29**	**7**	**37**	**12**	**28**	**5**	**17**	**6**
Health Insurance, Access, and Health Status of Children								
Uninsured, %	**22**	**10**	**23**	**6**	**25**	**8**	**28**	**12**
No usual source of care, %	**14**	**4**	**13**	**5**	**13**	**3**	**13**	**6**
In fair or poor health, %	**9**	**4**	**9**	**4**	**11**	**3**	7	5
Children of Immigrants (1996–99 mean in CPS; in thousands)	12,469		4,318		142		835	
Children of Immigrants (1999 NSAF, in thousands)	10,918		3,671		142		796	

Source: Data from the 1999 National Survey of America's Families.
Notes: Figures represent percentages of children for each indicator.
Bold denotes statistically significant differences between children of immigrants and natives at the 0.10 confidence level.
There are no tests of statistical significance for differences in median income.
CPS = Current Population Survey; NSAF = National Survey of America's Families.

Children of immigrants are more than four times as likely as children of natives to live in crowded housing.

significant differences between children of immigrants and children of natives in most states (table 1).

Twenty-nine percent of children of immigrants live in crowded housing, defined here as more than two people per bedroom (figure 1). In fact, they are *more than four times* as likely as children of natives to live in crowded housing. The crowding rate for children in immigrant families is much higher than the rate for children in native families in each of the eight states (table 1). This pattern suggests that immigrants often economize on housing by doubling or tripling up in their accommodations. Crowding may be a strategy for immigrant families to afford housing, thus explaining why they do not have more problems paying bills, despite their lower average income and greater propensity to spend more than half their incomes on mortgage or rent. Nonetheless, overcrowded housing has been associated with increased risk of transmission of communicable diseases, and may therefore affect health outcomes for immigrant children (Hernandez and Charney 1998).

Health Insurance, Access, and Health Status of Children

Nationally, 22 percent of children of immigrants are uninsured, more than twice the rate for children of natives (figure 2). Texas and Florida have the highest rates (40 and 28 percent, respectively), while rates in California and Colorado do not differ significantly from the national rate (figure 3). Massachusetts has the lowest rate of uninsured immigrant children (6 percent), followed by Washington (8 percent), New York (13 percent), and New Jersey (16 percent).

In most of the eight states, uninsurance rates for children of immigrants correlate with the generosity of policies on eligibility of immigrants for Medicaid, the State Children's Health Insurance Program (SCHIP), and other health care coverage. For example, Texas and Florida have the highest uninsurance rates and among the least generous insurance programs of any states. At the other end of the spectrum, Massachusetts and Washington provide the most generous health coverage for immi-

Massachusetts		New Jersey		New York		Texas		Washington	
Immigrants	Natives	Immigrants	Natives	Immigrants	Natives	Immigrants	Natives	Immigrants	Natives
15	11	12	12	27	19	36	18	22	11
37	26	33	25	54	39	73	41	47	29
$45,400	$58,000	$50,500	$62,600	$34,800	$44,200	$26,500	$42,900	$40,000	$51,300
28	22	27	23	33	29	49	33	34	28
12	7	9	10	26	12	11	5	9	6
18	16	13	16	20	19	22	19	18	16
13	4	15	7	32	9	38	11	24	5
6	2	16	5	13	6	40	17	8	6
6	1	8	3	9	2	21	6	5	4
6	3	6	3	11	4	14	4	6	3
237		503		1,391		1,328		176	
247		467		1,104		1,434		177	

grants and have the lowest uninsurance rates for immigrants' children (Tumlin, Zimmermann, and Ost 1999). But this relationship does not hold in every state. In California, which has health insurance policies as generous as those of Massachusetts and Washington, the uninsurance rate for children of immigrants is as high as the national average. The explanation for comparatively high uninsurance in California could lie in a relatively higher share of undocumented immigrants in the state, or in chilling effects on immigrant participation in public health insurance programs.

High uninsurance rates are accompanied by poor access to health care. Nationally, 14 percent of children of immigrants lack a usual source of health care,[10] and 9 percent are in fair or poor health.[11] Compared with children of natives, children of immigrants are more than three times as likely to lack a usual source of care, and they are more than twice as likely to be reported in fair or poor health (figure 2).

Children of immigrants are least likely to have a usual source of care and most likely to be reported in fair or poor health in Texas, followed by Colorado and New York. They are most likely to have a usual source of care and least likely to be in fair or poor health in Massachusetts and Washington. The widest gaps between children of immigrants and children of natives in terms of health care access and reported health status are found in Texas, Colorado, and New York (table 1). These patterns are in line with research indicating that insurance coverage is strongly associated with health care access and self-reported health status.[12]

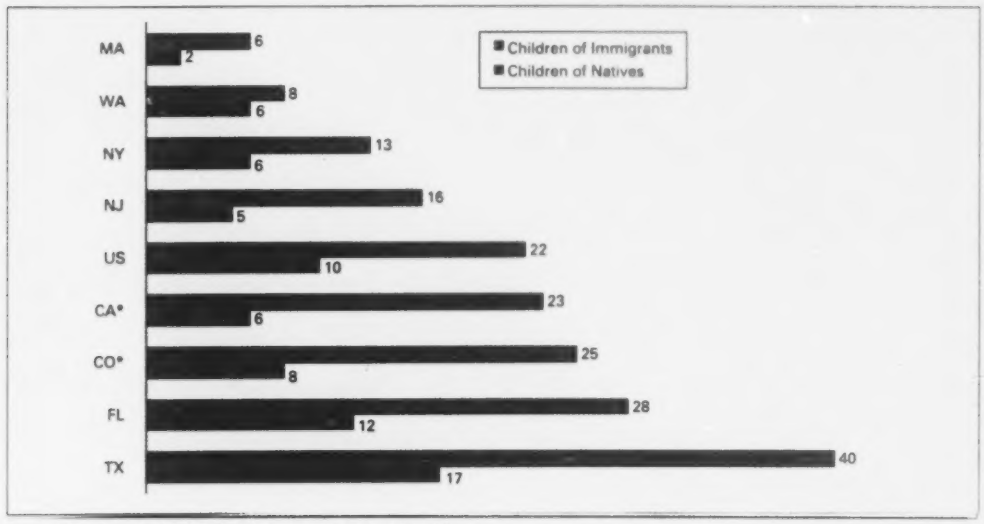
Nationally, 22 percent of children of immigrants are uninsured, more than twice the rate for children of natives.

Summary

In sum, a nationally representative sample from the 1999 NSAF indicates greater hardship among children of immigrants than among children of natives in three areas: food, housing, and health care. More specifically,

- Nearly one-quarter of all children of immigrants lived in families that were poor in 1998, compared with 16 percent of children of natives.
- Nationwide, 37 percent of all children of immigrants lived in families worried about or encountering difficulties

FIGURE 3. Percentage of Children with No Health Insurance, by State: 1999



Source: Data from the 1999 National Survey of America's Families.
* The percentage of children of immigrants with no health insurance is statistically significantly different from the national rate in all states except California and Colorado, at the 0.10 confidence level.

affording food, compared with 27 percent of children of natives.

- Among the eight states discussed in this brief, Texas, Florida, and Colorado have the highest shares of immigrant families with food concerns, and all three provide comparatively limited assistance for immigrants not eligible for food stamps.

- Children of immigrants are more than twice as likely as children of natives to live in families that pay more than 50 percent of their income in rent or mortgage.

- Children of immigrants are more than four times as likely as children of natives to live in crowded housing.

- Nationally, 22 percent of children of immigrants are uninsured, more than twice the rate of children of natives.

- Texas and Florida have the highest uninsurance rates for children of immigrants, and they have the least generous health insurance programs for immigrants of all eight states in the analysis.

- Children of immigrants are more than three times as likely as children of natives to lack a usual source of health care, and more than twice as likely to be in fair or poor health.

Endnotes

1. The welfare reform law, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, made most immigrants—except, for example, refugees and asylees—who entered the United States after August 22, 1996, ineligible for TANF, Medicaid, and food stamps. Some benefits to some categories of immigrants who entered before August 1996 have been restored, but those who entered after August 1996 remain ineligible for these three federal programs.

2. For instance, nationally, the percentage of eligible people receiving food stamps dropped from 71 to 62 percent between September 1994 and September 1997. Drops in participation, which occurred in 45 states, are attributed to economic improvements and welfare provisions. The Department of Agriculture has called for ongoing monitoring of participation rates and performance targets to increase participation (Schirm 2000).

3. This estimate understates the actual number of children of immigrants by 13 percent, when compared with the U.S. Current Population Survey, which counted 12.5 million children of immigrants, averaging years 1996 to 1999 (see table 1 for state-by-state counts). The NSAF was conducted in English and Spanish only, so it undercounts immigrants from other countries—for instance, Vietnam—who may not have spoken English adequately to answer the survey.

Because low-income immigrant families are more likely to have difficulty speaking English, NSAF may underrepresent this population and therefore may overestimate the economic well-being of immigrant families.

4. The definition includes children living in families where one or more parents are either foreign-born naturalized citizens or noncitizens.

5. NSAF contains representative samples for 13 states, but only these 8 have immigrant samples large enough for reliable analysis.

6. Florida's program expired at the end of October 1998.

7. Florida, New Jersey, and Texas provide no state funding to replace the loss of TANF, food stamps, or Medicaid to immigrants entering after August 1996. Washington provides state funding for both cash and food assistance but not health insurance, while Colorado provides cash assistance only. New York provides cash assistance and health insurance. California and Massachusetts provide a full or nearly full replacement of benefits to this population (Tumlin, Zimmermann, and Ost 1999).

8. The family income and poverty indicators discussed here represent the year before the survey (1998) because NSAF, like many surveys, asks about income sources in the year before the survey to get an annual picture of income (Zedlewski 2000).

9. The NSAF asked adults if (1) they or their families worried that food would run out before they got money to buy more, (2) the food they bought did run out, or (3) one or more adults ate less or skipped meals because there was not enough money to pay for food. If the NSAF respondent answered "yes" to any of these three questions, the family was considered to have problems affording food. These questions indicate financial stresses related to food purchases over the past 12 months. They do not indicate caloric intake or the adequacy of a family's diet. For a complete description of this indicator, see Zedlewski and Brauner 1999.

10. The indicator "no usual source of care" *excludes* hospital emergency room visits as the primary source of care, although emergency room visits are included in the measure in previous work by Urban Institute authors (Kenney, Dubay, and Haley 2000). We found that only a very small share (less than 2 percent) of children of both immigrants and natives—with no statistically significant difference between them—use hospital emergency rooms as their usual source of care.

11. In NSAF, the most knowledgeable adult respondent was asked if the child was currently in "excellent, very good, good, fair, or poor health." In health assessment surveys, Latinos tend to be more likely to report fair or poor health than other ethnic groups, even when they have similar outcomes on objective health measures (Shetterly et al. 1996; Weigers and Drilea 1999). Thus, because of the high proportion of Latinos in the sample of children of immigrants, some of the difference in self-reported health status between children of immigrants and children of natives may be a result of ethnic differences in response to the question asked in the survey.

12. For a recent study supporting the hypothesized link between insurance coverage and access, see Davidoff et al. 2000.

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This series presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on the NSAF can be obtained at **http://newfederalism.urban.org**.

The NSAF is part of ***Assessing the New Federalism,*** a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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